

U.S. Election Assistance Commission
Model SF 269, Long Form, to Guide Annual Reporting on
either Title I, Section 101 Funds or Section 102 Funds

Go to www.whitehouse.gov/omb/grants/sf269.pdf and download (save) an auto-fill form

"Title I, 101" or "Title I, 102."		"No" until submitting final report.	
Your state election agency Address City, State, Zip Code.		FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)	
Nine digit Employer ID Number (EIN).		OMB Approval No. 0348-0039 Page of pages	
Date funds first received.		1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission	
1) [for 101] "Until Disbursed." 2) [for 102] "State deadline for Section 102."		2. Federal Grant or Other Identifying Number Assigned By Federal Agency	
[where applicable for Lines a, b AND c] Equal to last year's report 10a, b, AND c column III.		3. Recipient Organization (Name and complete address, including ZIP code)	
Do NOT claim indirect costs unless the State has an agreement covering this reporting period filed with EAC or another agency that serves as the cognizant Federal agency in accordance with OMB Circular A-87.		4. Employer Identification Number 5. Recipient Account Number or Identifying Number CDFA #39.011	
Footnote interest earned on Federal dollars during the reporting period. Also note the total amount of interest earned to date that is included in the amount on 10o.		6. Final Report Yes No 7. Basis Cash Accrual	
		8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)	
		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
		10. Transactions:	
		I Previously Reported I This Period III Cumulative	
		a. Total outlays 0.00	
		b. Refunds, rebates, etc. 0.00	
		c. Program income used in accordance with the deduction alternative 0.00	
		d. Net outlays (Line a, less the sum of lines b and c) 0.00 0.00 0.00	
		Recipient's share of net outlays, consisting of:	
		e. Third party (in-kind) contributions 0.00	
		f. Other Federal awards authorized to be used to match this award 0.00	
		g. Program income used in accordance with the matching or cost sharing alternative 0.00	
		h. All other recipient outlays not shown on lines e, f or g 0.00	
		i. Total recipient share of net outlays (Sum of lines e, f, g and h) 0.00 0.00 0.00	
		j. Federal share of net outlays (line d less line i) 0.00 0.00 0.00	
		k. Total unliquidated obligations	
		l. Recipient's share of unliquidated obligations	
		m. Federal share of unliquidated obligations	
		n. Total Federal share (sum of lines j and m) 0.00	
		o. Total Federal funds authorized for this funding period	
		p. Unobligated balance of Federal funds (Line o minus line n) 0.00	
		Program income, consisting of:	
		q. Disbursed program income shown on lines c and/or g above	
		r. Disbursed program income using the addition alternative	
		s. Undisbursed program income	
		t. Total program income realized (Sum of lines q, r and s) 0.00	
		11. Indirect Expense	
		a. Type of Rate (Place "X" in appropriate box) Provisional Predetermined Final Fixed	
		b. Rate c. Base d. Total Amount e. Federal Share	
		12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.	
		13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	
		Typed or Printed Name and Title Telephone (Area code, number and extension)	
		Signature of Authorized Certifying Official Date Report Submitted January 6, 2007	

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269-104
200-498 P.O. 139 (Face)

Standard Form 269 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

LEGEND

Yellow

Line MUST be filled in; copy text OR see balloon instructions.

Green

Data is automatically calculated OR; (some forms require that) States calculate subtotals/totals.

Orange

Enter "0.00" (zero).